# Presentation

Healthy development for children, and policy opportunities for intervention

 Professor Greg Miller, Louis W. Menk Professor, Institute for Policy Research and Department of Psychology, and co-Director of Foundations of Health Research Center, Northwestern University









### Background

- 1. Most common, disabling, & expensive health problems:
- Begin during childhood and adolescence
- Have behavioral, as well as genetic and environmental, causes
- Pattern according to socioeconomic status
- 2. Great! We can prevent them by improving kids' lifestyles.
- Many lifestyle interventions help kids initially
- But their benefits aren't sustained for very long
- Uptake & outcomes even worse in low-SES youth

### So How Can We Do Better?

1. Recognize the persistent contextual stressors that low-income families face

### Social

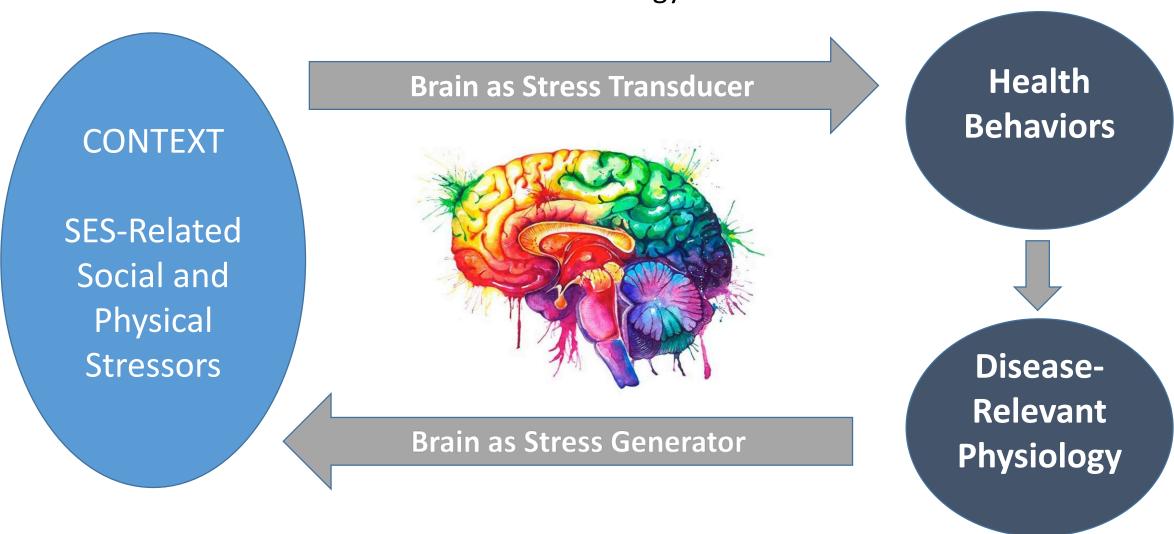
Family instability
Avail of nurturant caregiving
Neighborhood violence
Discrimination/
mistreatment
Material hardship/instability
Under-resourced schools

### **Physical**

Access to healthy food
Safe places to exercise
Household toxicants
Availability of medical care
Residential segregation
Environmental pollutants

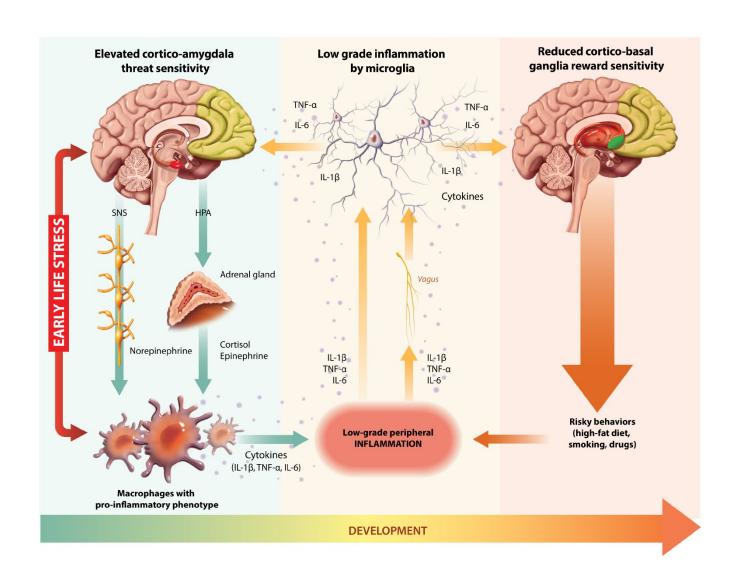
### So How Can We Do Better?

2. Understand how those stressors affect brain development, and the downstream behavior and biology that drives disease



Adapted from Erickson et al Curr Dir Psych Sci 2014; 23:446-53

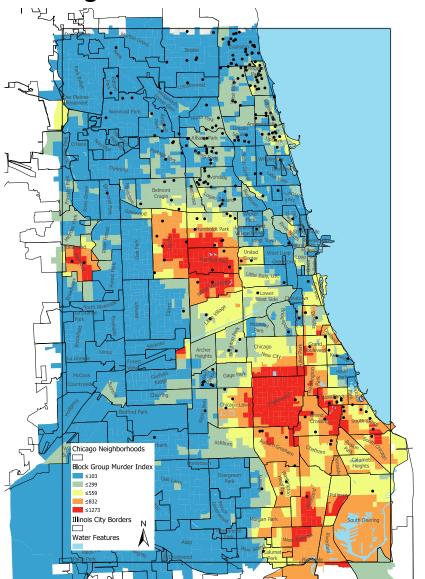
### Some Key Networks, Interactions, Outputs



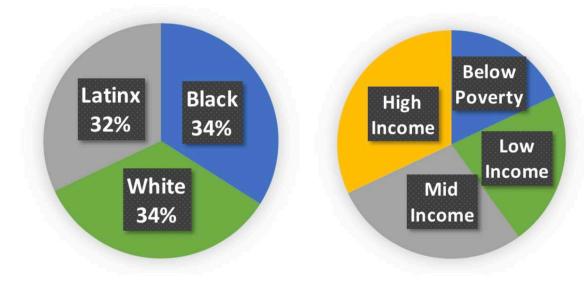
- Cortico-amygdala threat network and HPA/ANS outflow
- Cortico-striatal reward network and health behavior
- Bidirectional crosstalk with peripheral inflammatory signals

## What This Looks Like Empirically

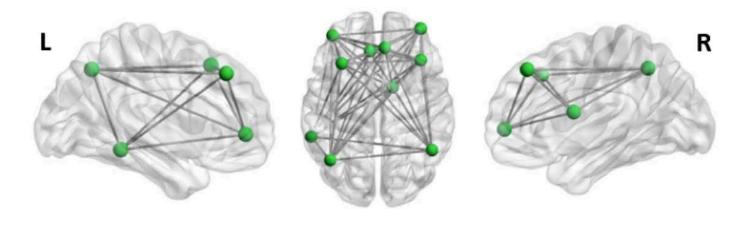
#### Neighborhood Murder 2010-14



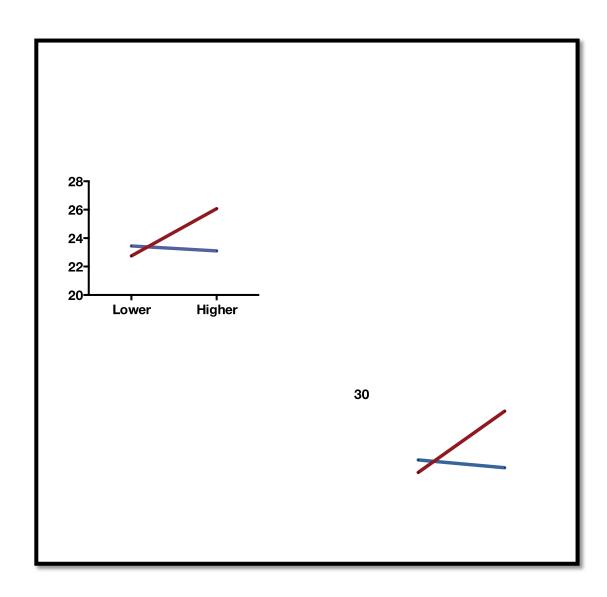
#### Sample



#### **Central Executive Network**



### Violence, CEN rsFC, and Cardiometabolic Health

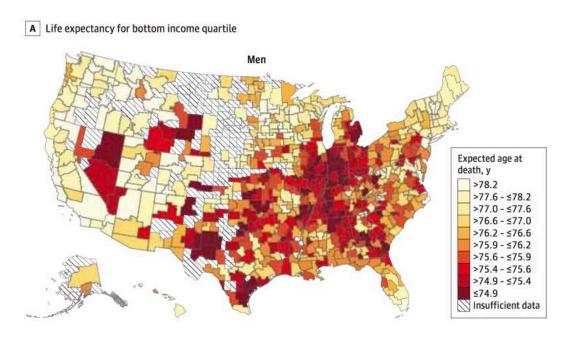


#### **Metabolic Syndrome**

- Abdominal adiposity
- Raised blood pressure
- Low HDL cholesterol
- Raised fasting glucose
- Raised triglycerides

### Intervention with at-risk youth

#### **CVD Belt in SE United States**



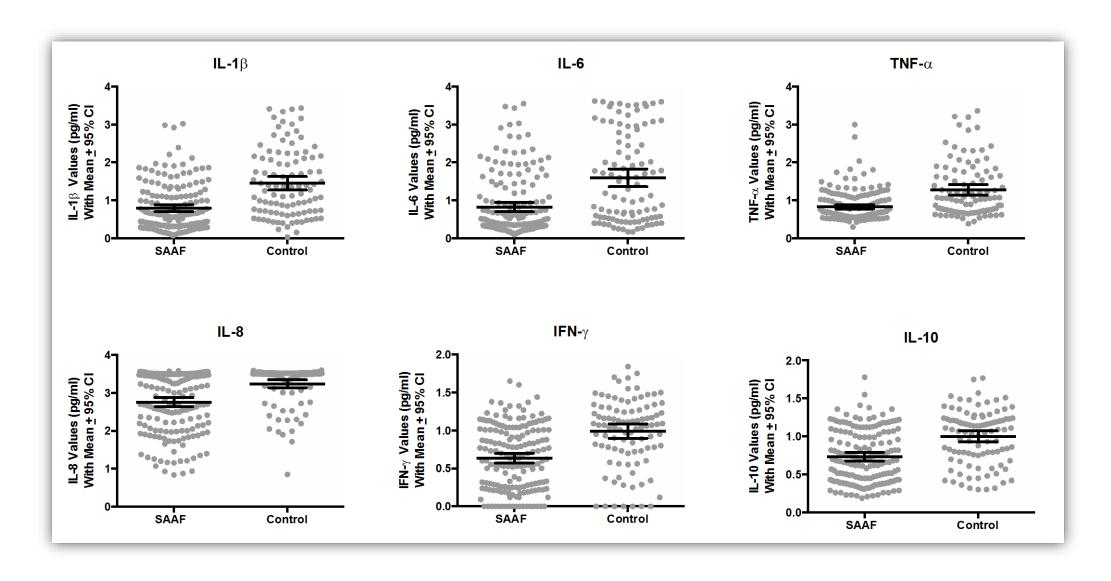
#### **Characteristics of Sample**

- 11 y-old Black youth from rural Georgia
- A caregiver, usually his/her mother
- 46% below federal poverty threshold
- < 10% parents have college degree</li>
- 65% single-parent households

#### **Strong African-American Families**

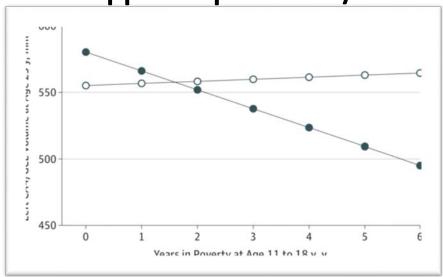
- 8 weekly sessions, two hours each
- Led by community facilitators
- Coping with adolescent transition
- And stressors around race/class
- Vigilant, supportive parenting
- Parent-child communication

# Inflammatory Biomarkers, 19 Years

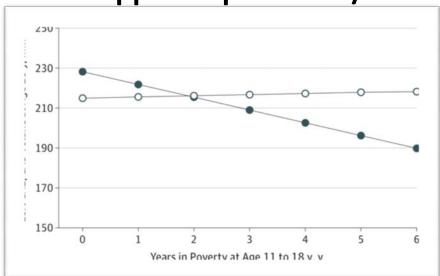


# Amygdala and Hippocampal Volume, 25 Years

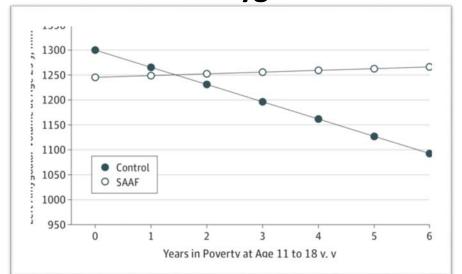
L Hippocampus – CA4/GCL



L Hippocampus – CA2/CA3



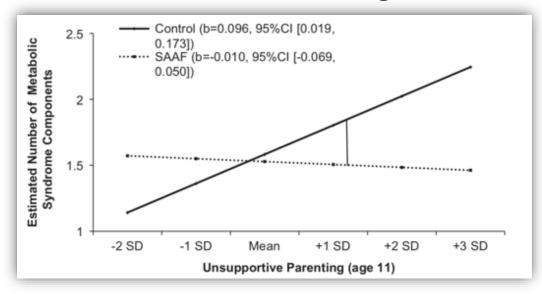
L Amygdala



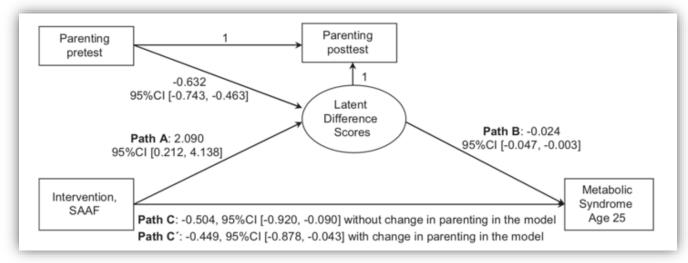
Brody et al JAMA Peds 2017; 171:46-52

### Metabolic Syndrome, 25 Years

#### **Reduces MetS Signs**



### **By Improving Parenting**



- Abdominal adiposity
- Raised blood pressure
- Low HDL cholesterol
- Raised fasting glucose
- Raised triglycerides